

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

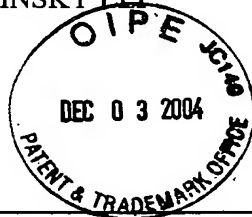
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DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L STREET NW
WASHINGTON, DC 20037-1526

12/07/2004 GWORDF2 00000002 10644882

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,882	08/21/2003	Joel A. Drewes	M4065.0594/P594-A	6842

TITLE OF INVENTION: METHOD FOR MANUFACTURE OF MRAM MEMORY ELEMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0 \$40.00	12/20/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, THINH T	2818	438-003000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dickstein Shapiro

Morin & Oshinsky LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Micron Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1075 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Date

12/03/04

Typed or printed name Thomas J. D'Amico

Registration No. 28,371

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 40.00

Complete if Known

Application Number	10/644,882-Conf. #6842
Filing Date	August 21, 2003
First Named Inventor	Joel A. Drewes
Examiner Name	T. T. Nguyen
Art Unit	2818
Attorney Docket No.	M4065.0594/P594-A

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order
☒ Deposit Account ☐ None

Deposit
Account
Number

04-1073

Deposit
Account
Name

Dickstein Shapiro Morin &
Oshinsky LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1)	\$	0.00	

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
16 - 20 or HP = x = 0.00
HP= highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
2 - 3 or HP = x = 0.00
HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$)** **Fee Paid (\$)**

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other: 1501 Utility issue fee (balance of fee increase) 40.00

Subtotal (3) \$ 40.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232
Name (Print/Type)	Thomas J. D'Amico	Date	December 3, 2004		